## **Project Criteria**

The Regional Partnership Award is presented to **two or more member agencies** that have demonstrated a commitment to regionalism through cooperative efforts. Partnerships must be among Maricopa Association of Governments (MAG) member agencies. (See list of member agencies on back cover of the booklet.) Projects must be completed to be considered. **On the back of this form, please list ALL MAG member agencies involved.** 

Group/Project Title		
Individual Representing Group/Pr	oject (person who will be acceptin	g award on behalf of the group or project)
		List MAG member agencies below. Provide contact information for these agencies and organizations on the reverse side of this form.
Title of Individual		these agencies and organizations on the reverse side of this form.
Organization/Affiliation		
Department/Division (if applicabl	e)	
Mailing Address		
City/State/Zip Code		-
(Area Code) Phone	(Area Code) Fax	Please fill out the back of this form to describe all participating organizations.
E-mail Address		This form may be duplicated for additional nominations.

## **Award Criteria**

Entries will be judged on a variety of factors, including the success of the partnership in promoting, recognizing, demonstrating and attaining the ideals of regionalism. See inside back cover for entry requirements.

## **Nominated By** Desert Name **Recognizing Excellence** Title in Regional Cooperation Organization Street Address **Send Nominations To:** City/State/Zip Code Maricopa Association of Governments **Desert Peaks Awards Committee** Staff Contact (if different than above) 302 North 1st Avenue, Suite 300, Phoenix, AZ 85003 For additional information, please call (602) 254-6300. Contact (Area Code) Phone (Area Code) Fax Please return completed applications and support materials by 5:00 p.m. March 7, 2008. Contact E-mail Address

Please list all MAG member agencies involved with this project below. (See list of member agencies on back cover of the booklet). This form may be duplicated for additional participants.

MAG Member Agency		MAG Member Agency		
Contact Name		Contact Name		
Title of Individual		Title of Individual		
Department/Division (if applicable)		Department/Division (if applicable)		
Mailing Address		Mailing Address		
City/State/Zip Code		City/State/Zip Code		
(Area Code) Phone	E-mail	(Area Code) Phone	E-mail	
MAG Member Agency		MAG Member Agency		
Contact Name		Contact Name		
Title of Individual		Title of Individual		
Department/Division (if applicable)		Department/Division (if applicable)		
Mailing Address		Mailing Address		
City/State/Zip Code		City/State/Zip Code		
(Area Code) Phone	E-mail	(Area Code) Phone	E-mail	
MAG Member Agency		MAG Member Agency		
Contact Name		Contact Name		
Title of Individual		Title of Individual		
Department/Division (if applicable)		Department/Division (if applicable)		
Mailing Address		Mailing Address		
City/State/Zip Code		City/State/Zip Code		
(Area Code) Phone	E-mail	(Area Code) Phone	E-mail	